THE

LOUISVILLE MEDICAL NEWS:

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THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 26, 1884.

Original.

VOCAL GYMNASTICS, WITH REPORT OF CASES.

BY M. F. COOMES, M. D.

Professor of Physiology and Diseases of the Eye, Ear, Throat, and Nose, in the Kentucky School of Medicine, at Louisville, Ky.

It is not generally known that there are a few persons who possess the power of speech, and at the same time are unable to speak properly, simply because they are unable to determine when they have enunciated a sentence or word as it should be; or probably, I had better say, that such individuals are unable to tell when they have the voice properly pitched, or when they have the proper key. Such persons really have no regularity in their tones, as they produce bass, alto, and tenor in a single sentence and in the most irregular manner that can be imagined.

This defect can hardly be called a disease, as there is no pathological change in any tissue associated with the organs of voice. The defect in the voice is in reality due to the lack of knowledge of how to regulate the voice, as is proven by the fact that the subjects of this defect may be relieved by practicing vocal gymnastics, or by exercising the larynx in a proper manner. The diagnosis of such cases of dysphonia is usually quite an easy matter, as the perfect condition of the vocal cords and the structures surrounding them, with the patient's ability to produce perfect vocal sounds, that is, perfect notes when his attention is directed to the effort, will enable the observer to make the diagnosis. The diagnosis having been made, the treatment is matter of small consequence, as it can be carried out by the patient with but little difficulty, as it is entirely dependent on an effort of the will. Medicines are of no value, on the contrary they are harmful.

Inasmuch as the treatment in these cases is to be entirely gymnastic, the first thing to be done is to teach your patient to know when he has spoken a word or sentence in a correct manner. This can easily be accomplished by having him to repeat a certain letter or word until he is thorough master of the manner in which it should be enunciated. When your patient has learned to pronounce the word *ba*, or the letter *d*, in clear, full tone, then he has the key by which he may complete the correction of his voice without the further advice of a physician. I think that it is best to place the patient in company with a friend who has the key, and who will remind him of every mistake that is made. In this way the defect will be overcome in a few days; while, if placed under circumstances where he could not be constantly reminded of his mistakes, it might take a much greater length of time to accomplish the undertaking.

I have had three of these cases under my observation within the last three years; the first occurring in the person of a young medical friend, whose voice was in such a condition as to make his conversation very disagreeable on account of the peculiarly squeaky nature of his tones. I examined his larynx and found its mucous membrane slightly congested, but not sufficiently to account for the great amount of hoarseness and irregularity of voice. Critical inquiry failed to elicit any thing which would lead me to believe that there was disease of any kind associated with the larynx or any of its appendages which would induce such a state of affairs as existed. I then requested the patient to repeat certain words after me. This he was able to do in almost every instance with perfect accuracy. I had him to repeat the experiment till I was thoroughly satisfied in my own mind that the perfect

tones which he produced were not accidental. Having assured myself on this point, I told him that there was nothing wrong with his larynx, and that it was only necessary to exercise the voice in order to be able to speak perfectly and with ease. He expressed a little surprise at this, and then said that he had a letter of introduction to a physician in a distant city; and that he felt compelled to present this letter, and obtain the advice of that gentleman before acting on what I had recommended, inasmuch as he had promised a friend to have this doctor in the distant city to treat him. He called on the doctor,who examined him and confirmed what I had said about the case, and gave him a lesson in elocution, and instructions how to continue the practice, which he did with the result of obtaining perfect relief, and to-day he has as perfect control of his voice as any ordinary person, who is not a professional speaker or singer.

The second case occurred in the person of a young man, twenty-two years of age, who was employed as a clerk in a store. At puberty his voice underwent the usual change, viz., the change from that of childhood to that of manhood. The change in this instance was imperfect and left the patient with an irregular voice, with almost any range, from a low bass up to a high tenor. His voice was, however, not under his control, as he had no conception of how to manage it, and was unable to determine when he had enunciated a word properly, that is, when it was spoken in the proper key. I assured him of his ability to speak properly if he knew how. At first he became somewhat indignant, but after a time concluded to take my advice, and I gave him a *key* letter, and made him repeat it until he was able to determine when he had spoken it in a correct manner. He then went into the country to spend a few weeks, and when he returned his voice was regular and smooth, and he was able to speak with perfect ease and continue conversation for any length of time without experiencing any fatigue.

The subject of the third case was a young German, twenty-two years old. His history was similar to that of the second. His voice, however, was almost constantly pitched in the tone of a high tenor, and he seemed to labor very severely in talking. In neither of these cases was there any evidence of disease, save slight congestion of the membrane covering the larynx. This was not sufficient to account for the irregularity of the voice. The treatment of the latter case was similar to that practiced in the other two, with result of correcting the defect in three days. I did not anticipate such a rapid recovery; but, however, it did occur, and I think it was largely due to the fact that he was associated with two companions who never allowed him to make an error in speech without correcting him. This patient called on me a few days since to assure me that his relief was permanent, and to express his gratitude for the services which I had rendered him.

It may seem useless to tell professional gentlemen that the voice is capable of cultivation, or, indeed, to even remind the laity that such is the case. It is a well-known fact to those who devote their time to the study and treatment of diseases of the throat that many amateur vocalists experience great difficulty in regulating their voices. This I am sure, in many instances, is from a want of the knowledge of the simplest rules of elocution. Singing is nothing more nor lees than modified talking, and the individual who can not speak in a clear and well-regulated tone of voice can not expect to sing; and if amateur vocalists would study the primary elements of elocution, and cultivate chest capacity, they would avoid many of the difficulties which they experience.

LOUISVILLE, KY.

Miscellany.

DECREASED MORTALITY AND ITS CAUSES. The most marked fact, says the Medical Press, brought out in the recent address of Dr. Longstaff before the Statistical Society is that zymotic diseases and phthisis account for far fewer deaths proportionately than was the case in the pre-sanitation eras; and it is a legitimate conclusion, therefore, that the result of that awakening to the importance of hygiene which has occurred in late years has been to add materially to the life of the people. Such a result would of course be anticipated; but it is, nevertheless, most gratifying to find one's hopes and expectations so irrefutably confirmed as they are by the figures in question. Dr. Longstaff, however, is of opinion that an increase is taking place in the number of deaths arising from cancer, and he shows, also, that the improvement observed in the class of

zymotics as a whole has not been demonstrated in the cases of measles and hooping-cough. In general, it has been found that much more accuracy now obtains than formerly in classifying the causes of death on the part of medical attendants, who appear, judging from the returns, to exhibit both greater skill in diagnosis and higher care in certifying than was accounted essential in times gone by.

LITHIATED HYDRANGEA.—This elegant preparation, from the well-known house of Lambert & Co., is doing good service in the hands of the profession as an alterative and anti-lithic remedy.

A case of lithemia of eighteen months' standing, with distressing local and constitutional symptoms and heavy deposit of uric acid daily in the urine, is reported cured in three weeks, under doses of one dram three times a day, by Dr. George T. Snead, Princess Ann C. H., Va.

Dr. W. H. Macon, Old Church, Hanover Co., Va., says that under its use he has been relieved of the frequent micturition and irritability of bladder caused by diabetes mellitus, from which he has suffered for twenty years, and Dr. John G. Hughes, of Rainsburg, Pa., claims to have found it useful to a marked degree in relieving some of the distressing symptoms of chronic Bright's disease.

The preparation has for its basis two drugs of well-established therapeutic power, and there is no reason why it should not prove to be a remedy of sterling worth in the treatment of many curable forms of kidney disease.

THE Medical Society of London, says the Medical Press, the oldest medical society in this country, if not in the world, celebrated the completion of its one hundred and eleventh year of existence, by its anniversary dinner on Saturday evening, March 8th. There were many speeches, the most noteworthy being of course that of Prof. Huxley. The "uncrowned king of science," as Sir Joseph Fayrer aptly called him, lauded medicine for what it has done in the past for science, and vituperated the Government for what it is going to do for medicine. Thirty years ago, said Professor Huxley, a medical education was the only entrance to the study of chemistry and biology. Sir Joseph Fayrer made many graceful speechlets, and gave the Fellows the very sound, but rather uncourtier-like advice, not to rely for their success on such incidents as princes' visits, but on their own exertions; to which we may add the advice not to depend too much on their presidents. The Society can not expect to have a succession of Sir Joseph Fayrers in the chair.

PEROXIDE OF HYDROGEN AS AN ANTISEPTIC.—In the March number of the Practitioner, Dr. Shelly advocates the use of peroxide of hydrogen as a local antiseptic and astringent. In all forms of ulcer it exerts a beneficial action, especially on syphilitic cases. It is also useful in purulent ophthalmia, otorrhea, gonorrhea, leucorrhea, and in stomatitis and ozena. Dr. Shelly, without wishing to praise it unduly, says that it possesses "powerful antiseptic properties, and moreover is colorless, odorless, cleansing, and stimulating, does not stain or corrode, destroys pus, causes no pain in its application, and is not poisonous."—*Medical Press.*

[The difficulty of obtaining the peroxide was some years ago a barrier to its common use. But now, since it has become popular as an agent for changing the color of ladies' hair, it can be had at a low price of all first-class druggists.]

PEDANTRY REBUKED.—The Medical Times and Gazette, in commenting upon the Latin prescription recently published in the Lancet (and in the Louisville Medical News of the 12th instant) as coming from the pen of a member of the Royal College of Physicians, says aptly, "It is high time for the profession to throw over once for all the foolish pedantry of writing the directions in a prescription in a language which *ninety-nine out of a hundred prescribers* are utterly ignorant of, even in its canine variety."

LEGISLATION FOR THE MARINE HOSPITAL SERVICE.—In the March, 1884, number of the Detroit Lancet, is the following editorial: The ship-owners and sailors have had bills introduced into Congress repealing the tax upon sailors for the support of the Marine Hospital Service, and ordering that the same be supported by the Government. We would like to see the tax and hospitals both abolished. This entire service is an anomaly in our plan of government. There is no more reason why there should be a series of hospitals for the care of sailors, supported by the Government, than that the Government should have hospitals supporting railroad men, or the factory operators,

or any other class of laboring people. Since the Government does not do this for all classes we object to any discrimination in favor of any class. We already have a navy medical service to care for all the sick sailors in the service of the Government. This suffices. Were it needful for the Government to extend aid to any class on the water, it were best done by this service. But there is no need whatever. The sailor would be better cared for and be trained to make a better citizen if he were treated like all other classes of citizens. This matter is one of importance, but it will scarcely receive the attention it demands while the government department to which it belongs deems it of such value in enabling it to exert a powerful influence toward the accomplishment of its purposes. In short, so long as it has so large a patronage at its disposal it will have vigorous defenders, for who will not fight for his bread and butter, and find weapons of offense and defense? The reform in this matter must come from those whose interests are not interfered with by the abolition of this service.

INTERNATIONAL HEALTH EXHIBITION.—The Secretary of the Library Committee sends us the following paragraph, dated April 2, 1884: A somewhat novel feature in connection with the exhibition this year will be the establishment of a library and reading-room, a home for which the Executive Council have assigned in a large double room in the Albert Hall, overlooking the conservatory. Steps have been taken to secure a representative collection of works on vital statistics; of reports and regulations relating to public health; of regulations with reference to injurious trades and of works thereon, and of reports, statistics, and other works on the science of education. Foreign powers have been invited to lend their co-operation in this effort to create an international library of works of reference bearing on the two divisions of the exhibition, and several responses have already been received. India and the Colonies have also been asked to contribute toward the same end. Publishers and authors have likewise been invited to forward copies of their works. In addition to the library of reference, there will be a reading-room to which the current numbers of periodical publications of a sanitary or educational character will be admitted. All books and periodicals sent to the library and reading-room will, under certain regulations, be arranged for the use of visitors, and not merely for exhibition. The books will be submitted to the jurors, and a full catalogue will be issued. All parcels for the library and reading-room should be addressed, carriage paid, to the Secretary of the Library Sub-Committee, Royal Albert Hall, London, S. W.

A FATAL poisoning, supposed to be caused by a specimen of cream sponge, occurred in Louisville last week. A father and his two little daughters fell seriously ill after eating the cake, and one of the girls died. The cake, bought at a neighboring shop, was made by one of our oldest and best confectioners. He claims that portions of the same material used in making this sponge were used in some of his other cakes, and that none of his customers have been made sick by them. The case is still a mystery which it is hoped the chemist will be able to unravel.

BRITISH MEDICAL ASSOCIATION. — The fifty-second annual meeting of the British Medical Association is fixed to take place at Belfast on July 29th next, and three succeeding days, under Dr. James Cuming, of Belfast, the president-elect. Sir Andrew Clark will deliver the address on medicine, Prof. Redfern on physiology, and Dr. G. H. Kidd will give the address in obstetrics.

DIPHTHERIA is alarmingly on the increase in Paris; the number of deaths have shown a steady rise during the last five weeks, the figures being 43, 60, 52, 70, and last week 75. The average deaths from diphtheria in Paris at this time of the year always amount to from 40 to 45 weekly, but it is long since such a figure as 75 has been reached.—*Medical Press.*

ANY doctor can cure a case that doesn't need a doctor; but when death has got hold of a patient, and a physician by insight, skill, fidelity, and courage, fights death, and seizes the victim out of his jaws, the desperateness of the case measures the glory of the skill.—*Beecher.*

THE Baltimore Medical College has reduced the length of its sessions from seven and one half months to five months.

AN epidemic of German is prevailing in New York city. According to the *Record* more than eight hundred of the local doctors are studying the German language.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - - - - Editor.

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Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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JOHN P. MORTON & CO.,
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A TOXICOLOGICAL PSEUDONYM.

In the daily press and certain medical journals, the compound, which for several years has been advertised far and wide under the classic, euphonious and alliterative title of "Rough on Rats," has been charged with dealing death or serious harm to several persons through poisoning by misadventure or criminal intent. The poisoning of a family in New Jersey by this agent was recently chronicled by the New York Medical Journal, and subsequently an infant, in North Carolina, was reported to have been killed by a dose of the same deadly preparation, given it with criminal intent by its nurse. Last week, in our own city, a case, which we believe has so far escaped the vigilance of the newspaper reporters, was brought to our knowledge by a brother practitioner. A man grown weary of life tried to commit suicide by taking a large dose of this popular poison, and but for timely medical attention would have succeeded in his endeavor.

Relative to the indiscriminate sale of this compound by druggists under a name which gives no notion of its composition, and with statements so worded as to leave the impression upon the mind of the purchaser that it contains no one of the common drugs employed for the destruction of vermin, the editor of the Therapeutic Gazette says:

Some irresponsible person—a servant girl, or a mere child—has asked at the drug store for arsenic to poison rats. The druggist has declined to sell the arsenic, but has ventured to recommend as a substitute an article which always gives complete satisfaction, and which is much better in every way than the dangerous poison asked for. The result has been a reluctant purchase on the part of the customer of a package of the "Rough on Rats," and the next day there has been work for the family physician, if not for the coroner. The druggist has been an unwitting accomplice in one of those dastardly and outrageous crimes which are evidence, not so much of depravity as of a low grade of development, mental and moral, in the perpetrator.

Whose is the fault? To decide that question one must be in possession of all the facts. What is "Rough on Rats"? The manufacturers state that it "is entirely new—different from any thing before introduced"—and that "traps, arsenic, strychnine, phosphorus, and other pastes and poisons fail to completely clear them out," from which we may infer that, whatever it may be, it is *not* arsenic. As the manufacturers may have expected, this illegitimate inference leads in the minds of many to another still less warrantable, viz., that the poison although fatal to rats and vermin, and even to dogs and children, is no such deadly thing as arsenic. At any rate druggists seem to have so understood it. . . . .

The manufacturers can not certainly be blamed, for, whatever misleading statements they have made, they have guarded purchasers by the most emphatic words of caution they could command.

One point only we wish to insist upon, viz., that no active poison should be allowed to be sold for the destruction of vermin, or for any other purpose, without the distinct statement on the label of its composition. The justice and necessity of this is apparent at a glance. Accidents must sometimes occur where these poisons are used. The physician is summoned in haste to a case of poisoning. If it is not already too late for antidotes to have their effect, every moment is precious. But the books do not instruct the physician in regard to the appropriate antidotes for "Rough on Rats" or "Allen's fly bricks." He would know in a moment what to prescribe if sure that he had a case of arsenical poisoning on hand. Otherwise his treatment, based only on general principles, can only accidentally meet the requirements of the case.

Our main purpose in this present writing has been to supply to physicians and druggists the missing item of information in regard to the particular vermin eradicator whose uneuphonious

name heads this paragraph. The poison—"Rough on Rats"—is simply white arsenic, with scarcely a shadow of disguise, a most efficient, but a needlessly cruel minister of the angel of death.

In view of the serious mishaps which now and then result from the common use of this stuff, the thanks of the profession are due our esteemed contemporary for thus making known its active ingredient, since in any case of poisoning by it the physician may be prepared to administer without delay the appropriate antidote.

The experience of our medical friend, who was called to the case above mentioned, well illustrates the unpleasant predicament of the doctor when treating a patient who has swallowed a drug of unknown composition. The symptoms in this case indicating the presence in the stomach of a corrosive poison, our friend first administered emetics and demulcents, and then bethought him of an appropriate chemical antidote. Knowing nothing of its composition, but suspecting that the powder contained some one of the more common poisons, he brought to bear upon it the senses of weight, sight, smell, and taste. By these means (the only ones at hand), he was made reasonably certain that arsenic was the drug in question, and at once gave the chemical antidote, with results which did credit to his judgment and skill.

Of course, many cases of poisoning do occur in which the name of the toxic agent can not be at once, if ever known, and in their management the discriminating sense and skill of the physician is put to the test as in the case above noted. But these unavoidable instances make it all the more important that vermin exterminators should not be sold under names which give no hint as to their composition; for, while the physician may be willing to undertake any trying case or brave any danger which it may involve for the good of mankind and the glory of science, it is a grievous wrong that he should be at any time forced to undergo the *experimentum crucis* because of a fancy name, coined to enrich some manufacturer by concealing the real name of his poison.

If we except possibly the irrepressible bed-bug and the proliferous potato-bug, the poisoning of animals is a disgusting barbarism and a nuisance which societies of the anti-vivisection persuasion should abate. City authorities can easily guard their domains by humane measures against an overplus of dogs, while cats, terriers, and traps are fully competent to make the law of the "survival of the fittest" effective against the final perseverance of the rat.

In this age of business and money getting, we may perhaps find no purely technical reason for censuring the manufacturer for making large profits by selling a cheap common poison at a high price under a fancy title, especially if the Government grants letters-patent on the name, the newspapers advertise it far and wide, and and the State legislatures put scarcely more restriction upon its sale than is laid upon glucose candy, glue-factory jellies with aniline tints, and alum, marble dust and copper in the shape of bread-stuffs. But since the ignorant and the wicked will pervert poisons to their own and others' hurt, it is high time that every legislature in the land should pass a bill making it a criminal offense to retail any poison (under any name) other than upon the prescription of the physician or the order of some other well-known and responsible man.

AMERICAN MEDICAL ASSOCIATION.

The day of the greatest medical event of the country and the year draws near. The American Medical Association convenes on May 6th, in Washington, D. C., and will continue for four days. All necessary preparations are made, and the prospects are good for a meeting in every way creditable to science and American medicine.

The sky is clear, with perhaps the exception of the faint form of that little ethical cloud, the "new code," which is be-

ginning to peer above the horizon, and seems somewhat bigger than a man's hand. We trust that if it gathers force and breaks into a storm, there will be lightning enough to disinfect the air and thunder enough to jar the cerebral molecules of some of our codomaniacs into a healthful action. Our blessings go with our professional friends to Washington. The pressing demands of a weekly journal will keep us at home, where we shall do our best to give such of our readers as can not attend the meeting a satisfactory account of its doings.

Bibliography.

The Field of Disease: a Book of Preventive Medicine. By BENJAMIN WARD RICHARDSON, M. D., LL. D., F. R. S., Fellow of the Royal College of Physicians, and Honorary Physician to the Royal Literary Fund. Philadelphia: Henry C. Lea's Son & Co. 1884.

In the preparation of this work the author has had primarily in view the instruction of intelligent non-medical persons in matters pertaining to the preservation of health. In the carrying out of this idea it can be said that Dr. Richardson has not for a moment forgotten his fealty to the profession or to science, and that the work is in every way worthy of a great physician actuated by motives of sound philanthropy. For it will be conceded that preventive medicine is the noblest theme which can engage the thought of the medical man, while so far from damaging the business of the physician, an understanding of and intelligent regard for the laws of health on the part of the laity must ever make for the dignity and well being of legitimate medicine. People will fall sick, no matter how careful they may be of their health, and, having learned to estimate its worth, when health is in danger they will be none the less prompt to call the physician, whose good offices they have learned to rate at their proper value.

While we believe that the above reflections are true, we can assure any medical friend who may think otherwise that he can comfort himself with the thought that he lives at least an age in advance of the day when the laity will take any rational interest in medicine. As the case stands now it is rational medicine against the quack and the patent nostrum man, and so we fear it will continue to be in spite of popular science, medicine, and hygiene until the millenium dawns upon the earth.

It was not, however, with a view of discussing the merits of Dr Richardson's work as a treatise upon popular medicine that we began this notice, but rather to assure our readers of its real worth to the physician. The author states the plan of his work as follows:

"I strive to trace the diseases from their actual representation, as they exist before us, in their natural progress after their birth back to their origin, and, as far as I am able, I try to seek the conditions out of which they spring. Thereupon I endeavor further to investigate the conditions, to see how far they are removable and how far they are avoidable."

It will be seen that a work developed after so philosophical a plan, and going over the whole range of disease so far as known, is new in medical literature and can not but be of great value to the physician. The work, though written in simple style and with the avoidance, as far as possible, of all new and odd technical terms, is sound, philosophical, and scientific, and a valuable contribution to medical literature. The book contains no therapeutics. Preventive medicine is his theme, and the author has yielded to no temptation which might lead him to digress from a rigid discussion of his text.

The International Encyclopedia of Surgery. A Systematic Treatise on the Theory and Practice of Surgery, by Authors of Various Nations. Edited by JOHN ASHHURST, jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and wood-cuts. In six volumes. Volume iv. New York: Wm. Wood & Co. 1884.

The former volumes of this great work have been noticed in the NEWS as they have appeared from time to time during the last two years, and our readers are already aware of its plan and scope. The present volume deals with the following topics:

Injuries of Bones, by John H. Packard, M. D.; Diseases of the Joints, by Richard Barwell, F. R. C. S.; Excisions and Resections, by John Ashhurst, jr., M. D.; Excision of the Knee-Joint, by George E. Fenwick, M. D., C. M.; Tumors, by Henry Trenthan Butlin, F. R. C. S.; Injuries of the Back, including those of the Spinal Column, Spinal Membranes, and Spinal Cord, by John A. Tidell, A. M., M. D.; Malforma-

tions and Diseases of the Spine, by Frederick Treves, F. R. C. S.

The volume contains nine hundred and eighty-seven pages. Every article is a full treatise upon the subject at hand, written by a master. When complete, the work will stand as a monument to the learning and literary skill of the world's great workers in this department of medicine. The press-work is up to the high standard ever maintained by Wood & Co., and the illustrations have been executed with a skill and truth to nature quite worthy of so important a publication.

Drugs and Medicines of North America. A quarterly, devoted to the Historical Discussion of the Botany, Pharmacy, Chemistry, and Therapeutics of the Medicinal Plants of North America, their Constituents, Products, and Sophistications. By J. U. LLOYD, Commercial History, Chemistry, and Pharmacy, and C. G. LLOYD, Botany and Botanical History. Volume 1, No. 1, April, 1884. Cincinnati: J. U. & C. G. Lloyd, 180 Elm Street. Press of Robert Clarke & Co. Subscription price, $1.00 per year, postage included, to all parts of the United States, and $1.25 to all parts of Europe.

This is one of the most elegant specimens of medical periodical literature which we have ever seen, and the quality of its contents renders it well worthy of the care devoted to its dress.

The present number contains three articles: The first on the Clematis Virginiana (virgin's bower); the second on the Thalictrum Diocium (meadow rue); and the third on the Thalictrum Anemonoides (rue anemone).

These articles are carefully written and freely illustrated with plates of rare finish. The object of the editors is to produce a periodical which, when complete, shall form a compendium of this department of medical botany. They promise papers from some of the most celebrated members of the medical and other professions. The second number will contain contributions from the following eminent authorities: Prof. Roberts Bartholow, Philadelphia; Prof. E. M. Hale, Chicago; Prof. J. M. Scudder, Cincinnati; and Prof. John King, Cincinnati. The micro-drawings and descriptions will be produced by Louisa Reed Stowell, and the illustrations of plants, sections, crystals, etc., by J. A. Knapp. Dr. Fred Hoffman, of New York, and Virgil Coblentz, of Springfield, will contribute on special subjects. The next number, containing Hepatica and Hydrastis, will, we think, be of unusual interest.

The field for good work here is ample, and the venture is creditable and deserving of full success, since, aside from its general scientific interest, it promises to help on the cause of practical medicine.

Report of Proceedings of the Tennessee State Board of Health, Quarterly Meeting, Nashville, April 1 and 2, 1884.

Brain Exhaustion and its Treatment. By J. Leonard Corning, M. D. New York: Reprinted from the New York Medical Journal for December 29, 1883.

First, second, and third Annual Reports of the Secretary of the State Board of Health of West Virginia, for the years ending December 31, 1881, 1882, 1883. By authority. Wheeling: Charles H. Laney, State Printer. 1883.

Medical Education, and the Regulation of the Practice of Medicine, in the United States and Canada. Prepared by the Illinois State Board of Health, and published by permission of the Board. Revised and corrected to March 1, 1884. Chicago: W. T. Keener. 1884.

Moral (affective) Insanity, Psycho-Sensory Insanity. By C. H. Hughes, M.D., St. Louis, late Superintendent and Physician Missouri State Lunatic Asylum, and Lecturer on Nervous Diseases, St. Louis, Medical College. Reprint from the Alienist and Neurologist, April, 1884.

Notes on the Opium Habit. By Asa P. Meylert, M.D., Member of the Medical Society of the County of New York; Member of the Harlem Medical Association, etc.; Physician to the Women's Christian Home, New York. A monograph of 36 pages. New York: G. P. Putnam's Sons.

Aneurism of the Femoral Artery, and a Knife-Wound of the Intestines. By W. O. Roberts, M. D., Professor of Surgical Pathology and Operative Surgery in the University of Louisville. Reprints from American Practitioner, October, 1883, and January, 1884. Louisville, Ky.: John P. Morton & Co. 1884.

Shakespeare as a Physician, comprising every word which in any way relates to medicine, surgery, or obstetrics, found in the complete works of that writer, with criticisms and comparison of the same with the medical thoughts of to-day. By J.

Portman Chesney, M.D., ex-Secretary Medical Society, State of Missouri; Corresponding Member of the Boston Gynecological Society; Professor of Gynecology in the Northwestern Medical College, Missouri, etc. St. Louis, Mo.: J. H. Chambers & Co. 1884. Price, $2.25.

A Manual of Psychological Medicine and Allied Nervous Diseases, containing the Description, Etiology, Diagnosis, Pathology, and Treatment of Insanity, with especial reference to clinical features of mental diseases and the allied neuroses, and its medico-legal aspects, with a carefully prepared digest of the Lunacy Laws in the various States, relating to the care, custody, and responsibility of the Insane, designed for the general practitioner of medicine. By Edward C. Mann, M. D., Member of the New York Medico-Legal Society, with phototype plates and other illustrations. Philadelphia: P. Blakiston, Son & Co. 1883. Price, $5.00; for sale by John P. Morton & Co.

Contagious and Infectious Diseases: Measures for their Prevention and Arrest. Smallpox (Variola); Modified Smallpox (Varioloid); Chicken Pox (Varicella); Cow Pox (Variolæ Vaccinæ); Vaccination, Spurious Vaccination. Illustrated by eight colored plates. Circular No. 2, prepared for the Guidance of the Quarantine Officers and Sanitary Inspectors of the Board of Health of the State of Louisiana. By Joseph Jones, M.D., President of the Board of Health of the State of Louisiana. Extract from the report of the Board of Health to the General Assembly of Louisiana, 1883, 1884. Baton Rouge: Printed by Leon Jastremski, State Printer. 1884.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editor Louisville Medical News:

Professor Fournier lately delivered a series of clinical lectures at the Hôpital Saint Louis on Tardy Hereditary Syphilis, of which the following is a brief abstract:

Profesesor Fournier began by directing attention to the fact that hereditary syphilis is not limited to early childhood, but that it manifests itself at a later age by grave lesions which are often put down to scrofula. To give a demonstration of these facts and to establish the specificity of the symptoms, he formulated the following characters: Facies of the patient; tardy and incomplete development; cranial and nasal deformities; osseous lesions; cicatrices of the skin and mucous membrane; vestiges of iritis and keratitis; troubles of the eye; testicular lesions; dental malformations; polylethality of young children, and the indifferent health of the parents.

1. *Facies and habitus:* These patients are delicate, puny, and their muscles are scarcely developed; the complexion is pale and of a grayish tint, the skin has an earthy look. In scrofulous subjects, however, the skin is fine and rosy, the upper lip is hypertrophic, the extremities livid and cold.

2. *Tardy development:* The patients speak and walk late, their growth is slow, they remain small and puny. The testicles remain for a long time in a rudimentary state, their virility manifests itself tardily. These different phenomena are comprised under the term "infantalism." It will be seen that in these cases syphilis acts as a general debilitating cause, and that it does not produce specific lesions.

3. *Osseous and cutaneous lesions:* Dr. Parrot connected rickets with syphilis and considered the former to be a true syphilitic lesion. Professor Fournier believes that syphilis, like other maladies, causes rickets in producing atrophy of the organism.

4. *The lesions of the eye, of the auditory apparatus, and of the teeth*, which form the triade of Hutchinson, who principally insisted on the coexistence of these troubles. Prolonged attacks of ophthalmia, specks of the cornea, iritis, interstitial keratitis are often met with. In the auditory apparatus there are purulent discharges, alteration of the tympanum, deafness without any lesion apparent. It is here difficult to say what part to attribute to scrofula and what to syphilis. The same may be said of the alterations of the teeth, as they are not pathognomonic except in certain cases of special deformities.

5. *Testicular lesions:* Syphilitic sarcocele exists in children as in adults. The testicle then presents three principal characters, it is atrophied, hard, or irregular and knotty. Other testicular lesions being very rare in children, the presence of one of these three characters would constitute an item of great diagnostic value.

By the side of these principal groups may be placed hypertrophy of the glands of the neck; arthropathies under the double form

of hydarthrosis and arthropathy deformans; remarkable arrest of intellectual development, ranging from simple backwardness of intelligence to complete idiocy. Outside the sphere of the patient himself there are two very important elements to study in the diagnosis of tardy hereditary syphilis: the great mortality of children in a family on the one side, and information as to the health of the parents on the other. Before disserting on the above symptoms, Professor Fournier observed that on the one hand syphilis manifests itself at a comparatively advanced age, and on the other, having once appeared in early childhood, it reappears later on. This last circumstance is the most frequent. For instance, an infant presents mucous patches in the first months of its existence; it is temporarily cured, and at the age of sixteen it will present a sarcocele of the testicle, or an exostosis of the tibia. In the great majority of cases the accidents supervene between three and eighteen years of age. It is at twelve years of age that the frequency is greatest.

To return to the most frequent manifestations of tardy hereditary syphilis: The lesions of the cornea are rare in acquired syphilis, and very frequent in hereditary syphilis. Hereditary syphilitic or interstitial keratitis principally affects youths from eight to fifteen years of age. It consists essentially in the opacification of the cornea, which affects both eyes. In the first stage the cornea has a speckled appearance, in the second stage it has the appearance of unpolished glass. The great number of vessels of neo-formation may lead one to suppose that there is interstitial hemorrhage. Finally, a third phasis of regression may supervene and in the form of cecity, which may be cured. Here the syphilitic treatment is very efficacious. The mixed treatment should in the first place be adopted, then alternated to prevent injury to the stomach; it should be continued for a long time; locally instillations of atropine and the application of hot compresses. It must not be supposed that syphilis alone could produce keratitis, it enters only in two thirds of the cases as the casual agent. Suppurative otitis, caused by syphilis, presents this character in that it is not accompanied by pain or other reactional phenomena, which circumstance forms a striking contrast with ordinary otitis.

Another case might present itself. An adolescent suddenly commences to hear imperfectly. At the end of three weeks he hears with only one ear, a year later the other ear becomes affected and deafness is complete. The tympani are otherwise healthy, but the deafness is definitive and rebellious to all treatment. The deafness may result in deaf-mutism. A great number of deaf-mutes may, therefore, be looked upon as hereditary syphilitic subjects in whom the affection of the ear, still unknown in its nature, is produced in this special manner.

As regards the bones, hereditary syphilis manifests itself by two sorts of lesions, osteo-periostitis and osteitis hyperostosants. The first affects principally the tibia; it presents the special character of being multiple in the same subjcet, and very often symmetrical. Osteitis produced under the same hereditary influence has the property of being productive, that is, hyperostosant, hence the two characters of form and size. It produces an increase in the size of the bone and determines massy hyperostosis. The deformities thus produced have sometimes a special character. In the tibia, for instance, it produces a sort of arched incurvation, which may be mistaken for rickety deformity. Moreover, the anterior edge of the bone is thickened, blunt, and the ridge no longer exists. This double aspect is altogether characteristic, and is only met with in subjects affected with hereditary syphilis.

The monkey that was inoculated by Dr. Martineau on the 16th of November, 1882, with syphilitic matter, and which was referred to in the NEWS of the 1st instant, has, since that report, had an epileptiform fit, which Dr. Martineau considers to be an attack of true syphilitic epilepsy, which, however, he qualified as precocious, as the animal was attacked on the 29th of October, 1883, which would make it only a little over a year. Owing to the shortness of the period that elapsed since the first manifestation of syphilis, which, it will be remembered, took place on the 18th of December, 1882, that is, about a month after the first inoculation, a great number of the members of the *Societé Médicale des Hôpitaux*, before which Dr. Martineau read his last report, questioned the epileptic nature of the attack referred to. Some time after, the monkey, which is of the dog-faced type, was affected on the scrotum with a papulo-hypertrophical syphilide and a papula erosive eruption on the palate, which made Dr Martineau conclude that the evolution

of syphilis in this monkey is following exactly the same course as it does in man.

PARIS, March 28, 1884.

ON THE MANAGEMENT OF THE INSANE AND IDIOTS.

Editor Louisville Medical News:

A prominent member of the State Medical Society sends the following, which the Fellows might do well to read and ponder before going to the meeting in June:

To the Members of the Kentucky State Medical Society:

In view of the interest which, as medical men, we should take in all diseased conditions to which mankind are ever subject, individually and collectively, through which interest we should be constantly seeking the best means for the prevention and cure of disease and the amelioration of suffering; and, as a large proportion of our diseased fellow beings known as lunatics and idiots require the closest attention and most humane care and treatment, it is a matter of the gravest import to us as citizens, humanitarians, and physicians; therefore be it

Resolved, That we regard the present existing laws for the appointing of a superintendent, assistants, wardens, etc., and the general control and management of our asylums for the insane and idiots as inadequate to the requirements of the enlightened civilization and medical science of the present day.

With the view to the improvement of these matters, be it further

Resolved, That a committee of five or seven members of this Society be appointed by the President, whose duty it shall be to examine the laws regulating the management of insane asylums of other States, and, if accessible, the laws of the best managed asylums of Europe; when, after due and satisfactory examination, they shall draft a series of articles, in which shall be incorporated what is deemed best and sufficient of the present existing laws; these shall be submitted to this Society at its next annual meeting for approval, when, if approved, a committee shall be appointed to present these articles at the next following session of the legislature, praying that body to consider our petition and make it a law.

Selections.

THE PARASITES OF THE BLOOD IN HEMATOCHYLURIA.—Within the past few years Manson (at Amoy) made some very curious and interesting observations on the origin and development of these parasites. According to this authority, the embryos of the *filaria sanguinis* never attain to full growth in the human body. They seem to abandon man for a medium more propitious to their growth, but not without the hope of return. They find in mosquitoes a place of temporary sojourn. The male mosquito has no sting, and does not live on human blood. It is the female mosquitoes alone which attack human beings, and which thus absorb with the blood the embryos of the *filaria*, and which are found in their stomachs in considerable abundance. The greater portion of them are partially digested, while the remainder grow in a space of time not exceeding six days so large as one fifteenth of an inch. Henceforth these are visible larvæ, active, and of more complicated organization, for they possess an intestinal canal, and their cephalic extremity is furnished with organs of perforation, by which they ultimately reenter the human body.

The female mosquito deposits its eggs on the sea border, and dies. The larvæ of the *filaria* then become free. Manson supposes that most frequently they obtain admission into the human organism through the stomach, being contained in the water, which is never filtered, drunk by the natives. It is admitted by him, likewise, that they are able to penetrate the skin and thus reach the blood, as he believes happens through bathing in water infested with these larvæ. However introduced, they seek in the human body a field more suitable for their existence than the intestinal mucous membrane or the subdermic tissue, and this field being found, they multiply. All this, according to Manson, it is easy to prove, as he has frequently satisfied himself in the following manner: A Chinese afflicted with hematochyluria was inclosed during the night in a mosquito net, one side of which was left open for a few minutes. A light placed by the side of the subject attracted the mosquitoes, and as soon as they were present in sufficient number the net was shut and the light extinguished. The following morning Manson collected with ease the mosquitoes gorged with the blood of the subject, inclosed them within suitable vessels, and followed step by step the successive development of the *filaria*, of which their stomachs were full.

The adult parasite in the human body is a rarity. Bancroft, however, states that he has observed it attain to the size of four inches long in the human body; and in this case it has some resemblance to the *filaria* of Medina, which, under certain conditions, attains to dimensions even more considerable. There are still some prob-

lems presented by this subject difficult to solve. Thus, why are the embryos of the *filaria sanguinis* so abundantly distributed in the blood during the night? Why are they so rare during the day? It seems probable that each night a new generation is begotten, to disappear the following day. It is certain that during the day these parasites are hidden in some parts of the economy inaccessible to the experimenter. As to the spontaneous elimination of the embryos of *filaria*, this is accompanied by the various channels of secretion and excretion; they are found especially in the urine, but sometimes even in the tears.—*Medical Press.*

CASE OF BELL'S PARALYSIS FOLLOWED BY CONTRACTION OF FACIAL MUSCLES.—Dr. H. French Banham, in the Medical Press, writes. Jane H., aged twenty-nine, was admitted into the Sheffield General Infirmary in December last. She was married at the age of nineteen, and has had eight children, two of which are living, two were still-born, and the remaining four died within a few days of birth. Her mother died at the age of fifty-five and her father is still living. She has lost fourteen sisters and one brother, some of whom, it seems probable from her account, died of phthisis. At three years of age she had smallpox, after which she had an inflammatory affection of the left eye, followed by opacity of the cornea, and the sight has remained so far impaired that she is only able to see the bare outline of large objects. Within two years of her marriage she had a number of sores about the front and sides of her neck, but not elsewhere on her body. She has not suffered from sore throat or eruptions on her skin at any time. About a year ago she had what she called a "stroke," which affected, however, only her face, not any of the extremities. On the evening previous to the attack she went to bed feeling perfectly well. On awaking in the morning she noticed that she could not pronounce some words distinctly, and in the afternoon when her husband returned from his work, having been away from home since half-past five in the morning, he remarked to her that her face was all awry. She found on looking in the glass that the right corner of the mouth was drawn up, and shortly after she was unable to close the left eye. Her hearing, so far as I can ascertain, was not affected, but to some extent she had lost her taste. Within a few weeks her face seemed to regain its normal appearance, and she supposed she was recovering, but, subsequently, a slight progressive deformity seems to have developed on the left side of the face.

At the present time the left side of the patient's face seems to bear a cynical smile, the left nasal fold is more distinct than the right, and the left angle of the mouth is slightly drawn up, slight twitching movements are occasionally noticed about the left side of the face, in conversation and on being requested to make certain movements. The left cheek is rather firmly applied to the jaws, and when the finger is introduced into the mouth between the teeth and cheek she experiences pain and the fibers of the buccinator are felt to be tense and cord-like. The mucous lining of the cheek is jagged and puckered, owing to its having been rather severely bitten during mastication. The uvula is distorted and scarcely any movement is performed by the soft palate in making the sound "ah"! The left eye can not be examined on account of the opacity of the cornea. The right eye is healthy. Her hearing on both sides is good.

There can, I think, be no doubt that this patient suffered a year ago from an attack of neuritis affecting the facial nerve, not merely of the part external to the fallopian canal, but also of that internal to it, and, indeed, extending up to the geniculate ganglion. Whether the neuritis was of the ordinary rheumatic form, as is so commonly the case in Bell's paralysis, or of a syphilitic nature, I can not at present determine. It has, however, been attended by such an amount of exudation, of probably a plastic character, as has led to some degeneration taking place in the muscles supplied by the branches of the facial nerve. Neuritis, affecting that part of the facial nerve which is external to the fallopian tube, is not so likely to produce a destructive compression of the nerve and consequent degeneration and contracture of muscle as is the same amount of inflammation taking place within the unyielding bony canal. The present condition of the uvula and soft palate, coupled with the fact of the defect of taste which she experienced at the onset of the attack, indicate very clearly, also, the involvement of the deep portion of the nerve. I would call attention to the fact that the muscles are not spasmodically contracted, but that they have undergone organic contracture. Spasmodic contractions may be

overcome by firm pressure and without causing pain, but a muscle which has undergone contracture can not be extended, and the first attempt gives rise to severe pain.

NEUROSES OF THE VISCERA.—Dr. T. Clifford Allbutt, Lecturer on Practice of Physic at the Leeds School of Medicine; Consulting Physician to the Leeds Hospital for Women and Children, commences the second Gulstonian Lecture as follows: We all know the story of the resentful lion who had often been painted by the man, and who longed for the time to come when the man in his turn should be painted by the lion. Is it because all medical books have been written by men that gastralgia, one of the sharpest arrows in the armory of pain, is in many of them dismissed with a few words as a malady of "hysterical women;" of women, that is, whose sufferings are due in part to effeminate habits and constitution, and in part to a kind of fanaticism which prompts them to cherish or to imagine pain, or to make a bitter cry about small matters.

We all ought to know that gastralgia is common enough in man also, though certain writers appear to deny that this or any other visceral neurosis can exist where no uterus is; and I have endeavored to formulate a distinction between what I may call the upper class of neurotics and their degenerate relations the hysterics; asserting therein that, in hysterics, pain is not a more but a less common inheritance, and that to neurotics it is chiefly given to suffer pains and the renewal of pain, and to bear all with singular fortitude and spirit.

Of all the neuroses of the stomach gastralgia is the chief; but around it gather, in more or less close association, flatulence, vomiting, hyperesthesia, and miseries such as distension, sinkings, cravings or loathings of food, and these may exist in various associations, or may exist singly.

As in angina pectoris and the pseudo-angina, so in gastralgia, the spinal nerves may be included in the paroxysms, or may take even a chief part in them, the visceral and overlying spinal nerves being grouped in function and in suffering together. In order to study this class of cases more carefully, I have gone over the case-books of my chamber-consultations for ten years past, namely, from the year 1874 to the year 1883, inclusive. From them I have extracted 139 cases of gastric and abdominal neuralgia. These cases remain after eliminating all that are doubtful or comparatively trivial in degree; all cases attended with important uterine disorder, or complicated with substantial defect in any organ whatsoever, or with disease; all hysterical cases, and all cases of fretful or whimsical persons prone to expand or to exaggerate their symptoms.

The selected cases, then, are the cases of persons of whom I have some tolerable notes, who were straightforward and truthful, and who are, or were, the subjects of neurotic or neuralgic affections lying under the diaphragm and above the pelvis. Now, the great majority of these cases are gastralgics, the region of the stomach being by very far the commonest seat of abdominal neuralgia. Of the gastralgics the majority are women, in the ratio of two to one. In men and women gastralgia is by no means confined to middle life, as Leared supposed, but is found at all ages, from fourteen to sixty, being most common between twenty and forty-five. Like migraine, it tends to die out in middle life; and, like migraine again, it is attended less and less with vomiting as age increases. Gastralgia comes on earlier in woman than in man, apparently by some ten years. A gastralgic man is rare before the twenties; girls often begin in their teens.

The earlier maturity of the girl sufficiently explains this difference, which is also remarkable, though I think in a less degree, in migraine. Migraine may, however, begin at very early ages in either sex. Of associated affections migraine is by far the commonest; and, if we associate migraine and neuralgia of the head and face together, the number of cases in which these are found with gastralgia is very great, seeming to be fully eighty per cent. Fortunately, these affections do not often coincide in time, but rather alternate variably one with the other. A large number of gastralgics, then, include migraine or neuralgia of the head and face in their life-histories. Another disorder commonly associated with gastralgia is asthma, an observation which scarcely needs either explanation or much asseveration. Neurotic vomiting may accompany, or rather alternate with, asthma, as the gastralgia may; and so again may voluminous flatulence, borborygmi, and other such neuroses. Like asthma, gastralgia is not infrequently nocturnal in its recurrence, and is likewise often aroused by improper food, or by the contact of any food whatever. Hence the persistent con-

fusion of gastralgia with dyspepsia. Asthma and gastric neuroses, moreover, if not concurrent in the individual, are often concurrent in families, one member suffering from the latter, and his brother, sister, or other relative from the former. With both these vagus neuroses run the cardiac neuroses, including true angina. I am now attending a gentleman with Mr. Jessop, who suffered terribly from paroxysmal gastralgia in past years, and in whom we have now to deal with the true angina. In gastralgics occur violent attacks of palpitation, or, more characteristically, attacks of slow or intermittent pulse.—*British Medical Journal.*

SYPHILITIC LUPUS.—In February, Mr. Jonathan Hutchinson delivered at the London Hospital a lecture on Syphilitic Lupus, from which the following is taken (*Medical Press*):

The clinical varieties of syphilitic lupus include several forms, among which the "horse-shoe patch" is well marked. This is a slowly creeping, serpiginous sore, which is rarely seen in a complete state, and by the character of which in this respect it may be differentiated from lupus vulgaris. In the latter, the edge of the patch is generally continuous, whereas in the syphilitic variety a gap is usually observed in some portion of the periphery of the sore. The tendency to formation of pus, also, is distinctly less marked in some forms of syphilitic as composed with common lupus; and in other cases a tuberculous lupus may persist in syphilitic patients without undergoing any considerable extension for possibly as long as twenty years. The specific nature of these forms of the disease can, however, be at once demonstrated by watching the influence exerted over them by the administration of iodide of potassium.

In some cases the disease may have the appearance only of an extremely superficial erythema; but its subsidence will in such instances also be followed by the production of a scarring, though of a slight degree.

In the secondary stage of syphilis the mucous membrane is a common seat of infective patches of lupus, and in such cases the disease assumes a more aggressive form than when uncomplicated by syphilis, though occurring in simular situations. Any portion of the mucous membrane of the body may become thus affected, that is, the mouth, vagina, rectum, nose, tongue, etc.

Treatment directed to the cure of lupus, whatever may be the particular plan pursued, always aims at (1) removal of the cell-growth, and (2) eradication of the source of infection; and whether the origin of the disease be ascribed to syphilis or not, the same general plan is invariably pursued, and is equally effectual as regards local treatment, although it is modified by the difference introduced by constitutional infection.

In this connection Mr. Hutchinson impressed upon his hearers the importance of not placing implicit reliance on the powers of cure residing in any single drug, however vaunted its efficacy might be, and narrated the following case as an instructive example to enforce his suggestions: A year ago, a man, aged thirty, was admitted to the London Hospital, having been discharged from a special skin hospital as being incurable. His whole body was spotted with huge patches of syphilitic lupus, and had been so for years. Iodide of potassium had been given to him continuously for a long period, and latterly in enormous doses, but without effect, and the disease showed no signs of giving way to the treatment, although, as well as internally, the drug had been administered externally in the form of ointment. After some time the patient was put under the influence of mercury to salivation, and almost immediately a change for the better ensued, and ere very long every patch of the lupus disappeared, and the man went away quite well. Hence it is clear that some cases of tertiary syphilitic lupus received most benefit from a mercurial treatment, while others respond most readily to iodide of potassium, and no case ought to be regarded as having been fairly dealt with until both these remedies, separately and combined, have been employed without producing relief to symptoms. In addition, also, it must not be forgotten that local measures are demanded in both syphilitic and common lupus, the object being to eradicate the cell-growth distinctive of the disease in either case. For this purpose acid nitrate of mercury or other efficient caustic must be used, and thorough removal of every trace of the infective point be carefully insured before it can be fairly considered that all has been done that the circumstances require. Early adoption of these measures will suffice to oppose the progress of even the most destructive forms of lupus, those occurring in subjects of inherited syphilis, but success can only be obtained by means of resort to radical modes of treatment designed with a view to local removal of the disease.

Mr. Hutchinson hinted at the possibility that organs of the body hidden from view might, like surface parts, become the seat of infective lupous patches, evidence of their existence being found in slowly advancing injuries to nerves. The tendency of such processes to spread could be arrested by anti-syphilitic remedies.

THE DEPENDENCE OF DIPHTHERIA UPON LOW FORMS OF FUNGI.—(*Jahrb f. Kinderh.*): The object of this paper was to criticise the opinions which different authors have advanced as to their belief in an organized formation as the source of the contagion of diphtheria. Aside from the recognized fact of the constant occurrence of micro-organisms in the products of diphtheria, and in the diseased mucous membrane, the object was to investigate, (1) the question as to the increase or diminution of those organisms as the local process increased or diminished in severity; (2) the simultaneous occurrence of colonies of micrococci in the blood and lymph vessels of the glands of the kidneys and other organs; (3) the contagiousness of diphtheria by means of vaccination with its products. The following criticisms were made under each of these heads: (1) All the investigators upon this subject do not maintain that the number of the micro-organisms increases with the intensity or the extent of the local process. If this were the case, it would be advanced upon the ground that the diseased mucous membrane affords a most favorable site for the development of the schizophytes in question. (2) Obstruction in the blood and lymph vessels by colonies of bacteria and micrococci does not occur in diphtheria alone, but in other infectious diseases. (3) The proof of the contagiousness of diphtheria by means of vaccination, with its products, does not, as yet, decide as to the organized nature of the contagium, but only as to its fixity. Many investigators have not succeeded in transmitting the disease in this way; others claim that they have obtained positive results, while one careful critic affirms that matter which had undergone decomposition was used in their experiments, and that the disease which was produced by its use was not diphtheria, but merely an infectious disease with an inflammatory exudation at the point of vaccination and septicemia. Any conclusion from such experiments that diphtheria is, at the outset, a local disease, is manifestly a false one. The author's opinion, therefore, was formed, that the disease could not be developed from micro-organisms, or at least that the proof of it had not yet been adduced.—*Archives of Pediatrics.*

VESICAL CALCULUS IN A BOY EIGHT AND ONE HALF YEARS OF AGE; SUPRA-PUBIC OPERATION.—(*Rev. mens des Mal. de l'E.*): According to the patient's history, his urine had been dark and purulent for three years. For some months previous to the operation he had pains in the region of the navel, and was obliged to urinate frequently. Blood occasionally followed the discharge of urine. Walking and riding were very painful. He had bronchial catarrh and also an attack of pleuro-pneumonia. The presence of a stone in the bladder, hard and quite large, and rough upon the surface, was easily ascertained by means of the sound. Through the rectum the stone could not be felt. At the time of the operation, after anesthesia was produced, the rectum was distended with a tampon—the bladder was injected with one hundred and eighty grams of a lukewarm solution of boracic acid. An incision five centimeters long was made in the median line, stopping one centimeter above the symphysis. The bladder was then opened and the stone removed without difficulty. There was no hemorrhage of any importance. A drainage-tube was placed in the bladder. The edges of the bladder wound were drawn to those of the superficial one, and both were closed with metallic sutures at the same time. The operation was done with antiseptic precautions. The stone was an oxalate-of-lime mulberry calculus, about the size of a nut (?) On the following day the morning temperature was 38.5°C.; the evening temperature 39.5°. There was no pain in the vicinity of the wound. The urine was scanty, concentrated, and very dark. Symptoms of beginning lung trouble appeared. A bronchitis resulted, and the healing process in the wound was slow. On the seventy-third day after the operation the child was removed from the hospital. A small fistula still existed at the site of the wound, but most of the urine was passed by the urethra. The lung symptoms when he left the hospital were those of beginning phthisis.

DIPHTHERIA: ITS TREATMENT.—Dr. J. N. Coons (Medical and Surgical Reporter) describes a method of managing diphtheritic patients which he claims has reduced the mortality to but little more than one per cent in a

series of many hundreds. The method is summed up by him as follows: Relieve nervous shock by opium; clear the alimentary canal; give veratrum viride till its constitutional effect is felt in a *softening* and slowing of the pulse, give iron and the chloride of potassium steadily throughout the disease, adding an expectorant when needed; and, most important, foment assiduously for the first few days, applying the acetate of lead freely and often to the diseased fauces. Feed liberally; stimulate and support freely with alcoholics and tonics, as the case demands.

IODOFORM PLASTER.—Dr. Pope recommends the use of this plaster in cases of glandular enlargement, bursitis prepatellaris, pleuritic effusion, and chronic epidydimitis. In the cases in which he has tried it (*Wiener Medical Blatter*) there was a marked diminution in the size of the tumor, or the amount of effused fluid, in what may be considered a short time, that is, ten days. The formulas he uses are (1) ℞ Emplastrum iodoformi fortius, one part iodoform to two parts emplast. adhesive and emplast. plumb. (2) ℞ Emplast. iodoformi to six parts of the plasters named. The plaster is spread on leather, and is left to remain *in situ* for six days. The strong preparation is recommended in glandular enlargements, etc. The weaker proves useful in the case of boils, minor injuries, etc.—*Medical Press and Circular.*

AN ANODYNE MIXTURE WITHOUT OPIUM:

Chloroform,	part	.100;
Ether. sulphur. spts.,	"	.025;
Tinct. cannabis,	"	.175;
Acid. hydrocyan. dil.,	"	.030;
Ol. menth. piperit.,	"	.003;
Tinct. capsici,	"	.003;
Alcohol, 95 per cent,	"	.350;
Hyosciamia,		q. s.;
Glycerine,	ad.	1.000.

Dose, ten to thirty ♏.

Dr. A. P. Meylert writes, in the Medical Record, that it has given him no little anxiety to find a suitable anodyne for patients cured of the opium habit. In attacks of intestinal colic or neuralgia to which they are subject, any preparation containing morphia is necessarily excluded, since it would at once bring back the old habit. The above formula is the result of various experiments, and has been used with good results in his cases. Perhaps its publication may lead others to relate their experience likewise.—*Medical and Surgical Reporter.*

CASE OF ATHETOSIS.—Dr. Dyson, before the Sheffield Medico-Chirurgical Society, recently showed a case of *athetosis* (inability to maintain a fixed position) of the right arm, and in a much less degree, of the right leg. The patient, a girl, aged eleven, had scarlet fever three months ago. About six weeks ago she was seized with an an apoplectic form of attack, in which there was loss of consciousness, paralysis of right side of the face, right side of the tongue, right arm and right leg. She was confined to bed for a fortnight, and as the paralysis passed off the present condition of the right arm gradually supervened. Sensation is but slightly affected. The movements are slow and deliberate and intensified by exertion, and are exactly those described in typical cases of *athetosis*. There was no history of rheumatism. The heart is healthy. The urine presents no abnormal conditions. In this case there is a history of the girl having been bullied by the School Board attendance officers to return to school too soon after the attack of scarlet fever.—*Medical Press.*

IN corrosive sublimate we have a very powerful, cheap, and safe antiseptic agent; a very dilute solution suffices for ordinary purposes, and Sir Joseph Lister's discovery of the valuable property of glycerine as a solvent of corrosive sublimate facilitates the preparation and practical application of this antiseptic. Dredgers for lightly dusting wounded surfaces with iodoform seem to be a simple and ready method; no constitutional or injurious results appear to have followed the use of this agent in the late Egyptian war.—*Lancet.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, April 13, 1884, to April 19, 1884.

Newton, R. C., First Lieutenant and Assistant Surgeon, relieved from duty at Fort Sill, Indian Territory, and ordered to Fort Elliott, Texas, for duty. (Par, 1, S. O. 77, Hdqrs. Dept. of the Missouri, April 14, 1884.) *Pilcher, James E.*, First Lieutenant and Assistant Surgeon, assigned to duty at Camp Poplar River, Montana. (Par. 2, S. O. 37, Hdqrs. Dept. of Dakota, April 7, 1884.) *Chapin, Alonzo R.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Douglas, Utah, and ordered to Fort Laramie, Wyoming, for duty. (Par. 2, S. O. 33, Hdqrs. Dept. of the Platte, April 15, 1884.) *Wales, Philip G.*, First Lieutenant and Assistant Surgeon, ordered to report to the Commanding General, Dept. of the Columbia, for assignment to duty. (Par, 11, S. O. 84, A. G. O., April 11, 1884.)